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SUICIDE IN GREAT BRITAIN.

[THE Third Annual Report of the Registrar-general of Births, Deaths and Marriages in England, contains, as did the two former reports, a letter from Mr. Farr to the Registrar-general on the causes of the deaths. His remarks on suicide, as abridged in the last No. of the British and Foreign Medical Review, we give below.]

The tendency to commit suicide, Mr. Farr remarks, appears to increase up to the age of 60, and to be then more than three times as great as at the age of 25. These points he illustrates by a table of the ages of 1985 suicides, which occurred in 1838-39. From this table it appears that to 10,000 living at each period the suicides were, from 10 to 15, 0.7; from 15 to 20, 3.9; from 20 to 30, 5.9; from 30 to 40, 9.1; from 40 to 50, 14.0; from 50 to 60, 19.3; from 60 to 70, 19.0; from 70 to 80, 15.0; and from 80 to 90, 10.3. We regard it as an extraordinary fact that two persons are recorded as having committed this crime, aged from 90 to 100.

Pursuing the subject of suicide, the Report presents a table illustrative of the relative prevalence of this crime in different localities. The proportion is highest in the metropolis, being there 10.9 to 100,000 inhabitants; next to this discreditable preeminence stand the south-eastern counties, bordering on the metropolis, where it is 8.4 to 100,000; the range in other parts of England is from 6.8 to 4.4, which is the proportion in the western counties, whilst in Wales it is but 2.2. The proportion throughout England and Wales is 6.3; and the total number in the year was 2001. The greatest number of suicides occurred in the spring and summer; when crimes attended by violence, and also attacks of insanity, are also most common. Thus, in April, May and June there were 563; in July, August and September, 538; in January, February and March, 484; and in October, November and December, 465. The suicides in males were considerably more than double those in females; for of the 2001 examples of this crime, 1387 occurred in the former and 614 in the latter sex, the proportion being as 23 to 10.

"Of 162 ascertained suicides," says Mr. Farr, "of the age of 20, and upwards, whose occupations were stated, 18 were laborers, 10 sailors, 8 shoe-makers, 6 seamen (1 of the 6 was a commodore, 2 were captains), 5 licensed victuallers, 5 servants, 4 merchants, 4 coachmen, 4 bakers, 4 paupers, 3 medical men, 3 officers or soldiers, 3 clerks, 3 engravers, 3

cheesemongers, 3 weavers, 3 smiths, 3 masons, plasterers or house-painters, 3 gardeners, 2 attorneys, 2 watermen, 2 beadles, 2 printers, 2 moulders, 2 saddlers, 2 tobacconists, 2 shopmen;" and there was 1 of each of about fifty other occupations.

The tendency to suicide is least among persons carrying on occupations out of doors; and greatest among artisans who are weakly from birth, are confined in-doors, have their rest disturbed, or have little muscular exertion. The statistical illustration of this point shows that 1 in 9382 masons, carpenters and butchers committed suicide in the year; and 1 in 1669 tailors, shoe-makers and bakers; the tendency to suicide in the first class being as 1 to 5.6 in the second. A similar result is obtained by comparing the suicides in the class of laborers with those among artisans and tradespeople; for the tendency to suicide is more than twice as great among artisans as it is among laborers, in the former class the proportion being 6.0 to 10,000, in the latter but 2.9 to the same number. In the miscellaneous class, designated by Mr. Rickman "capitalists, bankers, professional and other educated persons," the proportion is 4.9 to 10,000.

Mr. Farr does not grant much force to the opinion of M. Roué and certain theoretical writers, that suicide is most common where education is most diffused. He admits that in England suicide is most frequent in the metropolis, the south-eastern counties, and the northern counties, where the greatest number can write, and is the least frequent in Wales, where the proportion of persons signing the marriage register with a mark (the Registrar-general's test of a deficient education), is the greatest. But he remarks very particularly regarding these facts:

"There is a general, but no constant, relation between the state of education, thus tested, and the commission of suicide. It may be admitted that there is some relation between the development of the intellect and self-destruction; but the connection must be in a great measure indirect and accidental. In opposition to the arguments derived from agricultural districts and laborers in towns, there is the fact that suicide is more frequent among several classes of artisans than it is among better-educated people. If the progress of civilization is to be charged with the increase of suicide, we must therefore understand by it the increase of tailors, shoe-makers, the small trades, the mechanical occupations, and the incidental evils to which they are exposed, rather than the advancement of truth, science, literature, and the fine arts."

Apparently to show the distinction between the influence of education, abstractedly considered, and circumstances with which a certain amount of education is occasionally associated, Mr. Farr mentions the facts, that about 2.0 to 10,000 persons assured in the Equitable Society, and 7.8 in 10,000 dragoons and dragoon-guards, have been ascertained to commit suicide every year.

We can see no reason for supposing that education gives a tendency to suicide; but those districts in which education—indicated by the proportion of the population who can write—is most diffused, contain the most numerous class of artisans occupied within doors. Now there is

in such persons, as compared with a sailor or agricultural laborer, a low state of health, and a morbid sensibility which may give a proneness to self-destruction. As a general rule, these trades are least exposed to accidents; and Mr. Farr remarks that the mind left unexcited by natural dangers imagines and creates causes of death. We would say rather, that the individual rendered morbid, moody and sensitive by seclusion from free air, variations of temperature, muscular exertion and light, sees in the circumstances around him—viewed through the diseased condition of mind which these very circumstances have engendered—a reason why life is no longer desirable, and, consequently, an incentive to the act of suicide.

Regarding this crime, Mr. Farr suggests:

"That some plan for discontinuing, by common consent, the detailed dramatic tales of murder, suicide and bloodshed in the newspapers, is well worthy the attention of their editors. No fact is better established in science than that suicide—and murder may perhaps be added—is often committed from imitation. A single paragraph may suggest suicide to twenty persons; some particular chance but apt expression seizes the imagination, and the disposition to repeat the act in a moment of morbid excitement proves irresistible. Do the advantages of publicity counter-balance the evils attendant on one such death? Why should cases of suicide be recorded in the public papers, any more than cases of fever."

We should certainly see no objection to stripping tales of murder, suicide and bloodshed of their dramatic character: on the contrary, we should think it highly desirable, if they are invested with such an one; but we are by no means convinced that the evils of *ungarnished* publicity transcend its advantages. Even in the case of suicide, where the advantages of publicity are less manifest than in that of other crimes, is there not much reason to suppose, from our knowledge of the mental state of those having a suicidal tendency, of which state sensibility even to a morbid extent is a prominent feature, that the certainty of exposure by the public press, and the disgrace which such exposure would entail on their memory and their kindred, may have in many instances a preventive effect? that the mind which had not quailed before the dread of death, may have been deterred from the crime by the fear of disgrace? In the case of other crimes—murder, for instance—the advantages of publicity are still more manifest; for the instances, we have reason to know, are numerous where information circulated by newspapers throughout the country, has led to the discovery and apprehension of the criminal.

In the following suggestions, however, for the prevention of suicide, we cordially concur:

"It may be remarked that the artisans most prone to suicide are subject to peculiar visceral congestions; that suicide is most common to unhealthy towns; and that the influence of medicine on the mind and on the unstable or ungovernable impulses which are often the harbingers of suicide, is incontestable. To place the shoe-maker, tailor, baker or printer in the same favorable circumstances with respect to air and exercise as carpenters and masons, would be impossible. But the workshops

of all artisans admit of immense improvements in ventilation. Cleanliness is greatly neglected. Neither the men nor all the masters appear to be aware that the respiration of pure air is indispensable; that the body requires as much care as the tools, instruments and machines, and that without it neither the body nor the mind can be kept in health and vigor. The new parks and public walks will afford the artisan an opportunity of refreshing his exhausted limbs and respiring the fresh air; and the health and temper of the sedentary workman may be much ameliorated by affording facilities in towns for athletic exercises and simple games out of doors, which, while they bring the muscles into play, unbend, excite and exhilarate the mind. Moral causes and the regulation of the mind have perhaps more influence on the educated classes; but all must derive benefit from out-door exercise."

ON PHTHISIS PULMONALIS.

[A WORK on Morbid Anatomy, by Dr. Rokitsansky, a German writer of some celebrity, is noticed in the last No. of the British and Foreign Medical Review, from which we copy the following on Pulmonary Consumption.]

Phthisis Pulmonalis.—The section which Rokitsansky has devoted to pulmonary phthisis is one of the best of the volume; it is so good that, though the subject may be thought by some to have been long ago exhausted, it merits a careful abstract. Of tuberculous disease of the lungs he says, there are two distinct forms, namely, interstitial tubercular granulation, and tubercular infiltration or infiltrated tubercle. In the latter the morbid substance is effused in the air-cells themselves, in the former in their interstices.

The tuberculous infiltration is "hepatization by a tuberculous product." An ordinary croupous or plastic pneumonia deposits its usual product; and this, under the influence of a tuberculous diathesis, instead of being absorbed or becoming purulent, passes through various discolorations, and is metamorphosed into the yellow tubercle; in other words, it is tuberculized. The several stages from the fibrinous to the tubercular matter may be distinctly traced.

The infiltration may be *general*, or, as it is much more commonly, *lobular*, or *vesicular*, and this last is Bayle's pulmonary granulation. (?) It is, however, rarely a primary form; but occurs usually in advanced stages of the granular tuberculosis. It indicates a phthisis which has run a tumultuous, acute course, with frequent attacks of pneumonia. It occurs especially in young subjects, and is always accompanied by enlargement and tuberculous disease of the bronchial glands.

The tubercular granulations may be deposited either singly or at greater or less distances, or in groups; and this *grouped* form is always to be distinguished from the *confluent* variety, in which all the single granulations are closely set together. The tubercular granulation, in any of these forms, appears first, either as the gray obscurely-transparent mass, of the

size of a millet or hemp seed ; or (as in many cases of acute tuberculosis), as a granule smaller than a grain of sand, clear, transparent, and like a vesicle ; or, in an intense degree of the tuberculous diathesis, it may be deposited at once as the yellow tubercle. In whichever form it occur, its outlines are never sharp, though they seem so ; for little processes may be traced from them into the surrounding tissue.

The granulations thus formed gradually coalesce, and this occurs most quickly when they are from the first arranged in groups. In this state they form a mass of any shape or size, completely overwhelming the pulmonary tissue, which can be traced in it only by its infiltrated black matter, and a few bloodvessels ; but they are still quite distinct from tuberculous infiltration.

The tubercles in the lungs undergo the same peculiar metamorphoses as in other organs, passing through the state of softening to the formation of the cavity or vomica. Each discrete gray granulation softens from its centre, which becomes turbid, more opaque, and friable, and at last fluid. The groups present similar softenings at the centre of each of their component tubercles. From the former results a small ulcer ; from the latter, when all the tubercles have gone through the same process, a larger ulcer or cavity ; and Rokitsansky dwells particularly on the mode in which these cavities enlarge.

The cavities thus formed, he says, spread by the successive changes of tuberculization, softening, breaking down, and removal of their walls in a regular eccentric progress ; and when these go on rapidly the wall of the cavity consists of nothing but pulmonary tissue infiltrated with tubercle. As they approach, the cavities coalesce, and communicate by sinuses or apertures of various size, or all are laid into one.

But in a slower progress of the disease a more healthy inflammation is set up around the cavity. An albuminous, grayish-white, or reddish product is deposited, which closes, and ultimately produces a wasting of, the air-cells. It may be converted into a grayish or blackish layer of dense and rough cellular tissue ; and it may be either persistent, or may have tubercles formed within or beneath it, and breaking through it. At the same time also with this effusion without the cavity (which constitutes the *infiltration tuberculeuse gelatiniforme* of Laennec), albumen is effused in a layer of soft false membrane within it. But this is probably repeatedly thrown off as tuberculous matter collects beneath it, breaks through it, and carries it away with the pus of the cavity ; and it may be assumed that in accordance with improvement or deterioration of the patient's health, and as the disease tends towards cure or towards increase, so either this albuminous product or tubercle is produced upon the walls of the cavity.

But in certain cases these albuminous effusions, which are always indications of curative processes, proceed to a proper cure. And they are not the only modes in which tuberculous disease may be brought to a favorable conclusion ; for in several distinct circumstances its progress is arrested. 1st. There may be a callous degeneration of the tissue around the cavity, or the formation of a membrane within it like a serous or a

mucous membrane; the former being usually found when the disease is tranquil, the latter when there is much irritation. 2d. The cavity may completely cicatrize, its walls gradually falling in and uniting, with obliteration of the bronchi, and sinking in of the surface of the lung, and perhaps of the wall of the chest also. 3d. The cavity may, after partially shrinking, be filled with chalky matter from the metamorphosis of some remaining tubercle. 4th. In the place of the cavity there may be produced a large callous mass of tissue, like that of cicatrices. Or, 5th. The tubercle may not proceed to the formation of the cavity, but being arrested in its earlier progress, may diminish in size, and be changed into a gray or dirty-white mass of chalky matter, and at last into a hard concretion; changes which may ensue in either the granular or the infiltration form. And, lastly, at a still earlier stage, the tubercle being arrested in its progress may retrograde and become *obsolete*, shrivelling into an opaque, bluish-gray, cartilaginous knot, which is indisposed to any further metamorphosis.

Thus, in any stage of its progress the tuberculous disease may be arrested, and either removed or reduced to a state of inaction; and where, as is rarely the case, these changes occur in all the tuberculous matter that has been deposited, and the diathesis is wholly remedied, the cure of the disease is complete.

Such is Rokitsky's general account of the ordinary progress of pulmonary tuberculous disease, considered independently of its effects on adjacent tissues. It is in nearly every respect exactly accordant with our own observations, and is certainly clearer and more complete than any yet published. His account of the accidents and associated phenomena of the disease is not less praiseworthy. He says rightly that only large bronchial tubes open into cavities, the small ones being closed by the secondary tuberculous deposits around and within them, and by the swelling of their mucous membrane. The openings into them, when recent, are always ulcerated, oblique and abrupt; but when the wall of the cavity becomes callous they acquire a smooth edge of tough mucous membrane, which they retain permanently, or till, as is rarely the case, they are obliterated. He points out tubercular infiltration as the most frequent precedent of perforation of the pleura; and this result is favored by the frequency with which it occurs, especially at the surface of the lung, and the rapidity with which it is apt to break down and become fluid before adhesions are produced over it. In these, as well as in other cases of perforation, he well describes how the pleura is first distended by the air passing into the cavity, till, having been raised like a small bladder on the surface of the lung, it bursts, or dies and is thrown off, or else sloughs, being involved with a small adjacent portion of the lung in gangrene.

EXTRACTION OF MOLAR TOOTH FOLLOWED BY NECROSIS.

From a Clinical Lecture by Dr. W. F. Johnston, of Philadelphia.

ELIZABETH BARKER, æt. 26, of lymphatic temperament, and great nervous irritability; otherwise in the enjoyment of good general health, had

the second molar tooth of the left side of the lower jaw extracted about three months since. The extraction was followed by violent pain, which has continued, although less in degree, ever since. In the course of a week, a large swelling was perceived opposite the point from which the tooth was extracted. This swelling, at first entirely hard, gradually advanced towards the chin, and became more soft; finally, a red, fluctuating spot appeared beneath the ramus of the jaw, opposite the cuspid tooth of the lower side. This was opened by her physician, Dr. Page, with great relief to the patient. The swelling still occupies, however, the whole ramus of the jaw, and is sensible upon pressure. But the sensibility is not so great as you might suppose from the shrinking of the patient. She is nervous to an extreme—nervous, not only because of the existence and duration of a real pain, but because the swelling prevents her from being properly nourished, and because the pain has been alleviated, prior to the formation of an abscess, by the continual administration of laudanum. These combined causes have produced a nervous prostration, which renders the patient remarkably timid and apprehensive. The mouth can only be opened to a moderate extent; the breath is extremely fetid; the finger introduced feels distinctly on the inside of the cavity, from which the tooth was removed, an exposed mass of bone, which is moveable. You perceive that it is easily extracted with a pair of tooth forceps, now that the patient has summoned up sufficient courage to open her mouth. The portion of bone removed, in length about an inch and a half, consists of the inner margin of apparently three alveolar processes. When we introduce a probe into the opening of the abscess, near the chin, it encounters at once a denuded bone, and can be directed backwards along this denuded bone, on the inner side of the ramus of the jaw, until its point can be felt by the finger introduced into the mouth, opposite to the gap left by the removal of the dead alveolar process. It is arrested, however, by the mylohyoid muscle, and does not penetrate the mouth.

This denuded portion of bone is not moveable; the line of the teeth remains unbroken. Consequently, it cannot be regarded as a fragment detached from the bone and necrosed, as was the case with the fragment which we have removed. We must consider it as a mere exposed surface of bone—exposed by an abscess, originating in an injury to the bone itself, and fused down in contact with the bone. A slight exfoliation may occur from this, after which granulations will appear and organize, and the cure will probably be completed without further recourse to instruments.—*Medical Examiner.*

TREATMENT OF CANCER.

CANCER, in all its phases, has also been closely investigated by Müller, Laugenbeck, Carmichael and others, but I fear much remains to be done ere we arrive at its true origin and proper treatment. No question seems to exist as to our power of communicating the disease by inoculation.

If, for example, we mix a little cancerous matter with water and inject the mixture into the venous circulation of any animal, we to a certainty induce cancerous deposits in different parts of the body, and especially in the pulmonary veins.

Among the new methods of cure, those of Jobert, Lisfranc and Phillips, of Liege, have attracted much attention.

Jobert's plan consists in the application of a ligature to all the principal arteries supplying the tumor, and the division of its nervous filaments. According to him, by this process he has succeeded in curing four cases of cancer of the lip, and one of the tongue. For myself I can say nothing about the merits of the practice from any personal experience, but entertaining the views which I do on the subject of cancer, I must say that where any operation is proper, a circumstance very rare indeed, complete excision of the tumor is much to be preferred to any other mode of treatment.

Lisfranc, in cases of superficial cancer, proposes to cure it by merely removing the *diseased tissue* either with the ligature or knife, leaving the organ upon which it happens to be located untouched. When the disease penetrates, or deeply involves an organ, he recommends excision of the tumor, along with a certain portion of sound tissue.

A most valuable operation, in certain forms of cancer, has recently been proposed by Mon. Charles Phillips, of Liege, and a repetition of his practice, in my hands at least, has been productive of the most satisfactory results. You all know how difficult it is to heal, permanently, what is called a "cancerous ulcer," or the wound which results from the excision of a cancerous tumor, and also that even where the disease has been entirely removed, and the parts have cicatrized, it is exceedingly prone to return in the cicatrix. This constant disposition to re-appear has been attributed to a constitutional taint, and such is the fact in many cases, but there are others in which the disease presents a strictly local character, and yet the relapse takes place. With our present knowledge on the subject, it is utterly impossible to explain this circumstance. It is, moreover, well ascertained that the predisposition to return is very much modified by the mode of union adopted by the surgeon in the healing of the wound. Dieffenbach was probably the first to direct our attention to the fact, but to Phillips is due the merit of having, by positive experiment, shown the correctness of the views of this great surgeon. It appears that when the wound unites by *granulation*, there is much greater danger of a return of the disease, than where union by the *first intention* is adopted. To insure the occurrence of the latter process, Dieffenbach proposed, and Phillips carried into execution, the following plan. After the removal of a cancerous tumor, instead of allowing the parts to heal by the "second intention," or to be covered in by the simple approximation of the edges of the wound, a plan which in large operations is always accompanied by a straining and unnecessary as well as injurious tension of the flaps, he takes a piece of sound skin from the vicinity, and either by adopting the "sliding process," or, where this is impossible, partial *torsion* of the pedicle, covers in the wound completely. Union by adhe-

sion takes place, and the return of the disease is in most cases effectually prevented. How it is that the application of healthy tissue to that hitherto more or less diseased, so modifies the action in the latter as to render it normal, we cannot say. By some it is attributed to a change in the condition of the fluids of the part, healthy blood, for example, being mixed with that previously diseased; this, however, is mere theory, and we must rest content with the fact, for fact it is, that "the application of a healthy tissue to one hitherto diseased, is often, though not uniformly, sufficient to render the latter perfectly sound."

A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 18.]

In the ordinary course of medical practice, we meet with many diseases which would be wholly unintelligible to the physician, unless he be accurately acquainted with anatomy. We must, therefore, satisfy ourselves with referring to the separate heads under which the topics comprehended in this subject will be treated.

1. In the first place, anatomy is the basis of physiology. It is the object of anatomy to ascertain structure; it is the object of physiology to ascertain function. An organ is constructed in such a manner as to fit it to perform a certain action; the action cannot be understood unless the structure be known; and often, the structure cannot be known without directly leading to a knowledge of the action. Until the art of anatomy began to be cultivated, the science of physiology was without existence. In proportion as anatomy has been practised, physiology has advanced.

2. In the second place, anatomy and physiology are the basis of the science of medicine. Disease, which it is the object of the physician to detect and to cure, is denoted by disordered function; disordered function cannot be understood without a knowledge of healthy function; healthy function cannot be understood without a knowledge of structure; and structure cannot be understood unless it be examined. The organs in which the most important functions have their seat are placed in the interior of the body, and are completely concealed from the view. There are no means of ascertaining their situation and connection, much less their nature and operation, excepting that of inspecting the interior of the body. As the most important functions have their seat in organs which are placed in the interior of the body, so those internal organs are also the seats of the most frequent and fatal diseases. Consequently, an accurate acquaintance with the situation of these organs is indispensable in order to ascertain the seats of disease; but as these organs are completely concealed from the view, it follows that their situation cannot be learned without the study of anatomy. In several regions of the body, organs the most different in structure and function are placed close to each other. Diseases the most diversified, requiring not only not the same, but opposite treatment, may consequently exist in the same region of the body. Without the accurate discrimination of these diseases, it is often impossi-

ble to save life ; but the discrimination of these diseases is absolutely impossible without that knowledge which the study of anatomy only can impart.

It has been justly observed, that one consideration, which shows in a striking light the importance of anatomical knowledge in leading to the detection of disease, is, that the seat of pain is often at a distance from the affected organ. In disease of the liver, pain is generally felt at the top of the right shoulder, because a nerve which goes to the liver is united with a nerve which supplies the shoulder. In disease of the lung, there is often no pain in the lung, but much uneasiness at the top of the wind-pipe. In disease of the hip-joint, there is often no pain in the hip, but severe pain at the knee. In all these cases the attention is apt to be carried away from the real seat of the malady. Even in the present day, abundance of practitioners apply their remedies to the seat of the pain, wholly ignorant of the true seat of the disease. Mistakes of this kind, often fatal, are inevitable without a knowledge of anatomy, while with that knowledge they are scarcely possible.

3. If the knowledge of anatomy be thus obviously important to the physician, it is still more manifest that it must be indispensable to the surgeon. Without a minute and exact knowledge of the structure, situation and relation of organs, the surgeon cannot proceed a single step in the practice of his art, without the most imminent peril—particularly in cases of amputation, aneurism, hæmorrhage, hernia and lithotomy. It has been justly stated, that no one can form an adequate conception, but those who have witnessed it, of the confusion and terror occasioned by the sight of a human being from whose body the blood is gushing in torrents, and which none of the spectators are able to relieve. In all such cases, there is one thing proper to be done, the prompt performance of which is generally as certainly successful, as the neglect of it is inevitably fatal. It is impossible to conceive a more terrible situation than that of a medical man who knows not what to do on such an emergency. The ancient surgeons were constantly placed in this situation ; and the dread inspired by it retarded the progress of surgery more than all other causes put together. Not only were they prevented through terror from interfering with the most painful and destructive diseases, which experience has proved to be capable of safe and easy removal, but, in general, they were afraid to cut even the most trivial tumor. They never thought of amputating until the limb had mortified, and the dead had separated from the living parts ; and being ignorant of the means of stopping hæmorrhage, they were afraid to cut into the living flesh. But surgeons now know that there is one simple and effectual means of stopping hæmorrhage, namely, compression of the bleeding vessel. If pressure be made on the trunk of an artery, though blood be flowing from a thousand branches given off from it, the bleeding will immediately cease. Should the situation of the artery be such as to allow of effectual external pressure, nothing further is requisite ; the pressure being applied, the bleeding is stanchied at once. Should the situation of the vessel place it beyond the reach of external pressure, then it is necessary to cut down upon it,

and to secure it by the application of a ligature. By means of it the most formidable operations may be undertaken with the utmost confidence, because the wounded vessels can be secured the moment they are cut; by the same means, the most frightful hæmorrhages may be effectually stopped; and even when the bleeding is so violent as to threaten immediate death, it may often be arrested by the simple expedient of placing the finger upon the wounded vessel until there is time to tie it. But it is obvious that none of these expedients can be employed, and that these bleedings can neither be checked at the moment, nor permanently stopped, without such a knowledge of the course of the trunks and branches of the vessels, as can be acquired only by the study of anatomy.

The importance of pathological or morbid anatomy will be readily understood. What are called symptoms are signs of disordered functions; disordered functions are the consequences of irregular or diseased actions; after they have continued for a certain time, they produce a change in the structure of the organs in which they have their seat. Certain disordered actions produce certain specific changes, modified indeed by a great variety of circumstances, which to a considerable extent are ascertainable and ascertained. The medical practitioner, who has an opportunity of comparing the symptom or the external sign, which he observed during life, with the morbid change of structure visible on inspection of the diseased organ after death, learns with exactness what the external sign denotes, that is, what state of the internal organ it expresses. Moreover, the external sign may not have been obtrusive, and yet it may have been present. It is to this comparison of the symptoms of disease during life, with the diseased changes of structure visible in the organs after death, constituting morbid anatomy, that we owe all the exact knowledge of disease which is at present possessed. There is not a single internal malady, the precise nature of which is now known, which has not been brought to light by morbid anatomy. The diseases, the precise nature of which still remains undiscovered, are those, the seats of which there have been few opportunities of inspecting after death, or in which the morbid changes produced in the organs are so slight or transient as hitherto to have eluded detection. Nor is there any probable means by which the true nature of such diseases can ever become better known, than that of increasing the facilities of examining the condition of the organs immediately after death. An effectual remedy for a disease may not indeed be discovered when the exact nature of it is ascertained; but the discovery of the exact nature of a disease puts the physician in the right path in searching after the cure, and at all events teaches him what will be useless and what mischievous. Hence a clearer apprehension of the nature of a disease has always preceded an improved treatment of it.

If the present plan of these remarks would admit of the requisite details, it would be instructive to show how uniformly every exact and certain method of cure has followed and been founded upon that knowledge of disease which has been brought to light by the inspection of the organs after death. Compare, for example, the knowledge which enlightened physicians now have of fever, and the success which attends their

treatment of it, with the darkness which rested on this malady, and the inertness or mischievousness of the remedies employed in it, only a few years ago. A physician who understands fever, as far as the nature of this malady has been actually elucidated, can tell at the bed-side of the sick, with astonishing accuracy, what internal organs are in a state of diseased action; what the kind of diseased action is in each; what the probable progress of it will be, that is, what morbid change of structure or organic disease it is its natural tendency to produce, and must inevitably produce, if it be allowed to hold on its course without being checked. To this extent his knowledge places the physician in the position in which he would be if the body of his patient were transparent, and he could actually see the processes that are going on in the internal organs. Having this knowledge, he knows with exactness what to attempt by the remedies which he employs; among numberless remedies, he knows which to choose as being the best fitted to accomplish the end in view; his remedy being chosen, he knows the proper strength, the proper time, the proper frequency—in a word, the proper mode in which to exhibit it, that is, he knows how to exhibit it in the dose and form the best adapted to the actual condition of the organ which it is his object to relieve. He does not work altogether in the dark. He has a definite purpose to accomplish, and an instrument of known power with which to compass his purpose. He even anticipates results; stops diseased processes at the very commencement; prevents morbid changes of structure, which, if produced, too often prove incurable. The consequence is, that in a disease which above all others attacks the greatest number of the most important organs, his interference, as far as it has any influence, is conservative; he sees the impending danger and averts it; he protects the vital organs from a shock, which, but for him, would be fatal to them, while the very remedies employed by the ignorant practitioner increase that shock, and concur with the disease in producing death.

The great distinction between the enlightened and the ignorant physician is, that the former knows the state of the internal organs, and adapts his remedies to that state: while the latter knows nothing of the morbid processes that are going on, and prescribes for a fancy, or a name.

Boston, Feb. 9, 1843.

R. C.

[To be continued.]

DISEASED BLADDER—CALCULUS IN A SWINE—INJURY FROM SULPHUR BATHS.

Extract of a Letter from Dr. Chadbourne, of Concord, N. H., to the Editor.

THE specimen of diseased bladder that will be handed you with this, was presented me by N. G. Ladd, M.D., of Sanbornton, with the request that I would forward it to you. Dr. Ladd informs me that the man from whom it was taken was about 76 years of age, by occupation a blacksmith, of intemperate habits, although he rarely drank to intoxication. Symptoms of diseased urinary secretion commenced about two

years since, with all the symptoms of derangement of these organs—pains in the back and loins, inability to retain the urine, &c. During the last month of his illness, all the symptoms greatly increased—the stomach rejecting most kinds of food, frequent vomiting, great thirst, that was endured rather than undergo the aggravation of the pain of the bladder that the smallest quantity of fluid taken into the stomach occasioned. For the few last days, bloody urine was continually dribbling from the bladder, attended with the most-excruciating pain, that admitted of little or no palliation. “A small calculus was found in each ureter, about the size of a pea.”

I also send you a beautiful specimen of urinary calculi. It was presented to Dr. Thos. Shannon, of this State, by a butcher, who said he found it “*by the side of the water passage*” of a male swine. It proved to be “a family complaint,” as small calculi were found in the bladders of several others of the same litter. I could not learn that there was anything peculiar in the food or habits of life of this family of porkers, from others of their race. May we not infer from this case that urinary calculi are more rapid in their formation or growth than is ordinarily supposed, as the age of this swine would not admit of more than ten or twelve months for this stone to obtain its present enormous size. Is it probable that its formation commenced in the bladder, and that it was arrested in its course through the urethra?

There have been two instances in this town of fatal terminations of disease soon after the injudicious application of the sulphur fumigation. The first occurred several years since, in a case of rheumatism, in a stout, athletic man, aged about 30. By means of a box, not very well constructed for the purpose, I applied the sulphur fumigation two days in succession, with so much apparent relief that the patient was induced to try it again in my absence with the assistance of the nurse, but did not observe the necessary precaution to close all the crevices in the box to prevent the escape of the noxious gas into the room. The consequence was, the patient was nearly suffocated, and might have been quite so, had he not escaped from his box and thrown open the doors and windows of his room. The second instance is the case of Mrs. F., of this town. Her symptoms for several weeks during the fall, were those of simple, uncomplicated rheumatism, confined mainly to the lumbar region, but extending at length to the muscles of neck and chest, but attended with no cough, difficulty of breathing or acceleration of the pulse. The disease returned in paroxysms, as usual in chronic rheumatism, at uncertain intervals, varying in duration from two or three days to a week or more. During these intervals the patient was comfortable about house and able to ride out. In my absence the sulphur fumigation was recommended, and applied by burning sulphur on live coals under the chair on which the patient was sitting, with no other precaution to prevent the deleterious gas entering the lungs than a loose blanket or quilt thrown over the shoulders and pinned around the chair. The immediate effect was what might have been expected, and should have been guarded against,

viz., spasmodic suffocative cough, followed by permanent irritation of the bronchial vessels, bloody expectoration, and in a few days death.

I would not say that death in either of these cases was caused or accelerated by the remedy; but when the circumstances are taken in connection with the case of our lamented friend, Dr. Palmer, of Woodstock, Vt., who died so soon after inhaling the same noxious gas, they would seem to be worthy of note, as a precaution to those who venture to apply so powerful an agent without the necessary means to protect the patient's lungs.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FEBRUARY 22, 1843.

Egyptian Science of Ethnography.—The concluding lecture of a course by Mr. Geo. R. Gliddon, which he has been delivering at the Odeon, in this city, was expressly devoted to the consideration of the diversity of the families of man, two thousand years before the Christian era, elucidated by portraits of individuals of various nations, from the monuments of Egypt. The Caucasian, Scythian, Palasgic, Semitic, Celtic, Indostanic, Negro, Mongolian and the Egyptian families, were each shown to have existed as distinctly marked, four thousand years ago, as they are at the present moment. Mr. Gliddon exhibited the portraits of forty-eight sovereigns of ancient Egyptian dynasties, from Ammunoph 1st, before Christ 1822, down to the celebrated Cleopatra, B. C. 29, taken from the sculptures and paintings still remaining in the tombs. Not only were the faces of African negroes precisely what they are at this period, but even their attitudes in their pastimes and exhilarations under the excitements of music, were so exactly like those now seen every day, that the picture of a group that danced in the streets of Thebes more than three thousand years since, might have been supposed to represent a holyday scene among the negroes in 1843.

Mr. Gliddon's lectures on Egypt were eminently instructive, and evidenced the indomitable perseverance of Champollion, and the progress of modern hieroglyphical literature. No lectures were ever delivered in Boston that were held in higher estimation by the learned of all classes. Having resided twenty-three years in the Valley of the Nile, and personally visited and critically examined almost every monument that he referred to, a peculiar interest was imparted to the subject, that otherwise could not have been created.

Before long it is expected that Dr. Morton, of Philadelphia, will favor the world with a great work on the remote inhabitants of Egypt, who constructed the pyramids and those other colossal remains of architectural grandeur, whose magnificent ruins, after ages of darkness, begin to reveal the long-concealed names and biographies of their powerful constructors. Through Mr. Gliddon Dr. M. has been furnished with skulls of individuals who were entombed before Abraham was born. Much, therefore, will be expected from his versatile pen on the ethnography of a nation which flourished under a system of well-organized government, enjoying

the benefits of advanced civilization, even before the Jews, or a single nation now on the habitable globe, save the Nomads of Africa, had been ushered into being.

We enjoin it especially on medical gentlemen, wherever Mr. G. may hereafter repeat these lectures, to attend them, since there is no other way of obtaining the results of his curious researches into the early history of man. Nor from any other source could so much be gathered illustrative of the physical, moral and mental condition of the human race at epochs so vastly remote. All his labors are calculated to advance the true objects of history and ethnographic science.

Publications by the Massachusetts Medical Society.—For some years it has been a custom for the Medical Society of Massachusetts to publish a volume, annually, to be distributed amongst the members at the anniversary meeting. A committee is raised to select and have in readiness just what they may consider most useful. But it sometimes happens that gentlemen not on the committee may not think quite as favorably of the pattern book as those who cater for them. By the time the work is out, likewise, it may have been anticipated by re-publication in the periodicals, and therefore it becomes a stale affair. The idea of republishing by the Society a book that can be purchased at a store, is in itself objectionable; and it is still more so to clothe some half a dozen persons with authority to determine what sort of a book it is best for the Fellows of the Massachusetts Medical Society to read. That which the committee might be very glad to possess, may perhaps be already in the possession of half the Fellows. On that point, no inquiry is made; the members either take the book, or let it alone—it being all the same to the tasting committee, who are clothed, it is generally understood, with discretionary authority to act according to their own judgment. It was thought, at some former period, that the payment of three dollars a year ought to yield the members something more abiding than a single dinner once in twelve months. To quiet such murmurings, as we have been told, the book plan was devised, which has answered tolerably well for a succession of years; but a new set of members have now come into affiliated existence, some of whom crave a different intellectual dish from that which has been quietly served out to their more advanced brethren. There is a choice in the world of medical literature—and the members residing in the country, constituting so large and respectable a portion of the Society, have long been familiar with the fact. They must have some voice in this annual book trade: too many of them have been helped to a duplicate copy of something that is not worth a straw to them.

We beg leave, therefore, to suggest, that instead of dealing out the annual dose of a volume, each member of the Society be authorized to take any Medical Journal published in the United States, which he may prefer, and that the Treasurer pay to the gentlemen, at the anniversary meeting, the worth of the volume he has heretofore had, towards paying the subscription of the periodical. This would, we think, be satisfactory to every member; and the encouragement it would afford to the publishers of Journals in the United States, would induce the editors to make renewed exertions to meet the approbation of such substantial patrons.

We entertain a strong hope that this suggestion will prove to be a little

lump of leaven, that will not only be acceptable but beneficial to the whole Society. The fault spoken of is not in the committee of publication, but in the Society for delegating such authority, and then grumbling over its own silly legislation.

Medical Biography.—For a few weeks past Dr. Stephen W. Williams, of Deerfield, Mass., has been busily engaged in preparing a work upon the medical biography of some of the most distinguished medical men of America, who have died since Thacher published his work in 1828, and of such other distinguished characters of older date, as he has omitted to name. He has materials on hand for a decent-sized octavo volume, besides having written more than one hundred pages of it. He has turned his attention to medical biography for many years, and already published biographical notices of Dr. Thomas Williams, Dr. Wm. S. Williams, and Dr. Josiah Goodhue, at some length, separately from those recorded in the late address before the Massachusetts Medical Society, which were highly spoken of by the press throughout the country. Having taken, for a good many years, the principal medical periodical journals in this country, Dr. Williams has been enabled to collect and compile a vast many facts in relation to our most eminent deceased medical brethren. Such a volume, with plates, is very much wanted, and if well conducted it must be popular.

We think well of Dr. Williams's qualifications for the task; his industry and perseverance in the pursuit of this kind of knowledge is unrivalled. He would like the co-operation of medical gentlemen through the country, who may be in the possession of facts in relation to distinguished medical men, who are not mentioned by Dr. Thacher. Early letters from such will be noticed with great pleasure in the work.

Juvenile Obesity.—At the Boston Museum, there is now on exhibition a very singular specimen of humanity. A boy, eleven years old, born at Middleboro', Mass., June 14, 1832, has attained the height of 5 feet 2 inches, and weighs 265 lbs. ! He has a fine, healthy countenance, a generous expression, and seems to enjoy life in a rational manner. His mind is active, and having constructiveness prominently developed, many ingenious pieces of mechanism are devised by him. This lad is the youngest of five children. The oldest, a sister, about 30 years of age, weighs 180—but the father and mother, who are people of ordinary size and figure, are not at all inclined to fatness, nor are either of the three intermediate children. Perhaps a more remarkable example of excessive fatness in youth was never seen. Should he live many years, and there is no apparent reason why he should not, he may yet rival the renowned Daniel Lambert in ponderosity.

Morbid Anatomy.—In to-day's Journal, the reader will notice a communication to the editor, which is worth perusal. Two specimens, those adverted to, came safely to hand. One is the bladder of a man who recently died, so strangely changed, that it bears but a faint resemblance to the normal organ. Its walls are thickened at one point fully an inch; and in other directions from half to three-fourths of an inch. Its capacity,

therefore, for holding the usual quantity was destroyed. We shall submit it to the careful examination of some of our professional neighbors, and finally deposit it in the Medical Museum in this city, which is fast growing into importance.

The other article is indeed a striking curiosity—a stone, of a lenticular shape, one inch in thickness through the centre, two inches in diameter in one direction, and two and two-eighths in the other, and of a dusky white color. This, too, will receive further examination. Dr. Chadbourne, of Concord, N. H., has our special thanks for his polite attentions.

Naval Bureau of Medicine and Surgery.—Not many months ago, certain improvements were made, or at least were considered to be made, in the administration of the affairs of the U. S. Navy; and amongst other things, a bureau of medicine and surgery was created, to have cognizance, especially, of all that related to surgeons, instruments, medicines, hospital stores, &c., on board the government vessels. To the management of the new bureau, Surgeon W. P. C. Barton, of the navy, was promoted, to reside at Washington. His office is not unlike that of surgeon-general of the army in point of general details of duty. But, unlike that functionary, who stands deservedly high, both with the government and the medical gentlemen of the service, as a scientific physician, devoted to the best interests of the department confided to his administration, Surgeon Barton is pounced upon, pell-mell, by some of the most distinguished officers of the navy, who picture the moral features of the bureau keeper in an unfavorable kind of coloring. Those who have read Commodore Barron's account of the treatment he received from him, while holding the station of governor of the Naval Asylum, must have had exceedingly unfavorable impressions of the fitness of the surgeon for intimate personal friendship. Within a short period, another elevated individual, also in the service and confidence of the government, has issued a manifesto to show the real disposition of Dr. Barton, and the manner of his doing the official business of the bureau. This is published in the *National Intelligencer*, under the signature of Commodore Biddle, and is too long for insertion in our pages. It shows precisely how medical matters are generally conducted on ship-board, and how the head of the new bureau shows off the greatness of his station. Its biographical account of the surgeon of the bureau, is an important piece of information, that may serve the purpose of a future compiler of American medical biography.

American Physician in Havana.—Amongst those distinguished for their medical attainments at home, who have been compelled to take up a permanent residence in a tropical climate on account of the ill health of themselves or members of their families, mention is made of the recent removal to Havana of Dr. Edward H. Barton, long known as a prominent and efficient member of the medical corps of New Orleans. Those from the States who may find it necessary to consult a physician, whilst sojourning in Cuba, could not have a better adviser. Dr. Barton was formerly professor of materia medica, therapeutics, and hygiene, in the Medical College of Louisiana, and more recently, president of the Board of Health in the city of New Orleans. In all the relations of life, he has sustained an elevated reputation, and a character for a sound, discriminating knowledge of

the profession, of which he is justly considered by his countrymen an ornament.

Report of the Cincinnati Dispensary and Vaccine Institution.—The Board of Acting Physicians of the Cincinnati Dispensary and Vaccine Institution report the cases treated at the Institution since its organization, a period of rather more than four months:—Thoracic diseases, 47; abdominal, 74; cutaneous, 13; fevers, 41; rheumatism, 12; surgical cases (including injuries and operations), 48; female diseases, 30; labors, 19, miscellaneous, 59. Total number treated, 348.—Of this number there have been discharged cured, 290; relieved, 10; incurable, 5; died, 4; under treatment, 34. Every reasonable effort has been made to vaccinate the children of the poor gratuitously.

A new method of administering Quinine.—By Dr. GUASTAMACCHIA.—The author's object was to find some method of avoiding the disgust which the bitterness of quinine always excites; and after repeated trials, he says he found it best to dissolve eight grains of the sulphate in half an ounce of rectified spirit and rub it, in two doses with an interval of a quarter of an hour between them, along the spine. In intermittent fever this should be done at the beginning of the cold fit; and it very often prevented even a single recurrence of it.—*Brit. and For. Med. Rev.*

Revival after Freezing.—In the winter of 1828-9 in Ireland, Gaimard found that toads could be completely frozen, so that ice lay in small pieces between their muscles, their bodies became quite hard, stiff, and motionless, broke easily and without any effusion of blood, so that, in short, every trace of life disappeared, and yet in ten or twelve minutes they could be revived by immersing them in very slightly warmed water. If they were too quickly frozen they did not revive.—*Bibliothèque Universelle.*

Medical Miscellany.—Dr. Dixon, an ophthalmic surgeon, of New York, has operated 320 times for strabismus, according to an advertisement. He is an exceedingly ingenious surgeon, and a good writer on medical subjects, as the readers of this Journal have had opportunities of knowing.—Dr. Henry H. Childs, of Pittsfield, Lieut. Governor of Massachusetts, has been appointed, by the Executive Council, one of the Board of Trustees of the Lunatic Hospital at Worcester.—Matthew Hale, of Union Co., Penn., is the oldest pensioner in the United States, being now in his 115th year.—Near Warsaw, Benton Co., Mo., a single tooth was recently dug up, that weighs 14½ lbs. A tusk found near the same place, is 13 feet long. Hopes are entertained of finding the skeleton to which they belong.—Dr. Robinson of Meredith, Dr. Woodbury of Bedford, and Dr. Savory of Hopkinton, have gained much credit for the active part they have taken in the late temperance convention at Concord, N. H. Dr. Richardson's bitters were held up to view in their true character.—Dr. Henry Van Hohenburg has been appointed by the Governor of New York, health officer at Staten Island, in the place of Dr. A. Sidney Doane, whose term of office had expired. Dr. Alexander Vache has also been appointed resident physician, in place of Dr. J. W. Francis, whose term

had expired.—On the 1st of February peach trees and plumb trees were in blossom at Tallahassee, Florida.—Dr. Feuchtwanger, of New York, denies that German silver is poisonous in its nature, and adds that it will bear the test of acids equally as well as silver itself.—There are eight or ten cases of smallpox at Hardwick, Mass.—Dr. Jeffreys, of Boston, one of the founders of the Massachusetts Charitable Eye and Ear Infirmary, and one of its surgeons from the beginning, has resigned all connection with the institution.—Dr. Dix, of Boston, advertises that in future he shall exclusively devote himself to the diseases of the eye and ear.—It is supposed that the Phrenological Journal is no longer published—as our exchange copy has stopped coming.—Dr. Graham is to be appointed, by the British Government, medical store-keeper in China, and stationed at Hong Kong.—Some very queer doings at the Albany Medical College, of late. A set of Dr. Sewall's illustrations of the drunkard's stomach, according to the Albany Evening Journal, having been presented, the Faculty sat in grave debate to know where to locate them. They were finally removed from the museum, where they appear to have been hung, and were placed in the private room of Drs. Hun and McNaughton.

☞ The Title-page and Index of Vol. XXVII. will be sent out with the next No. of the Journal.

MARRIED.—In Cabot, Vt., Charles B. Chandler, M.D., of Tunbridge, to Mrs. F. A. C. Harvey.—At Washington, D. C. Dr. Dennis Burk, in his 83d year, to Mrs. Mary Lynch, in her 79th year.—In New York, James Anderson, M.D., to Mrs. Bartley.—In New York, Dr. J. S. Oatman to Mrs. H. M. Coles.

DIED.—At Brunswick, N. J., Dr. William Campbell, 30.—In Burlington, Conn., Dr. Peres Mann, 84. Dr. Mann was in the service of the United States in the war of the Revolution, and served as surgeon's mate. At the close of the war he settled in Burlington, and was the principal physician for about thirty years.

Number of deaths in Boston for the week ending Feb. 18, 40.—Males, 18; Females, 22. Stillborn, 3.

Of consumption, 4—lung fever, 4—fits, 2—disease of the heart, 3—brain fever, 1—decline, 1—croup, 1—smallpox, 4—tumor, 2—inflammation of the lungs, 1—intemperance, 1—scarlet fever, 3—worms, 1—disease of the lungs, 1—infantile, 3—burn, 1—old age, 3—typhus fever, 1—spasms, 1—dropsy in the head, 1—marasmus, 1—hives, 1.

Under 5 years, 18—between 5 and 20 years, 6—between 20 and 60 years, 7—over 60 years, 9.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Jan.	Thermom.	Barometer.	Wind.	Jan.	Thermom.	Barometer.	Wind.
1	from 11 to 24	from 29.43 to 29.60	W	17	from 17 to 28	from 30.05 to 30.11	N W
2	4 12	29.38 29.67	N	18	27 40	29.80 29.98	S W
3	16 23	29.10 29.37	W	19	34 44	29.54 29.71	S W
4	-1 15	29.61 29.64	S W	20	44 52	29.58 29.62	N W
5	20 34	29.54 29.59	S W	21	36 50	29.36 29.61	S
6	26 36	29.66 29.72	N	22	42 46	29.12 29.30	N W
7	32 37	29.66 29.71	N	23	32 36	28.90 29.16	S W
8	36 51	29.50 29.57	N	24	35 36	28.49 28.58	N W
9	42 49	29.62 29.66	N W	25	23 30	28.75 28.90	N W
10	39 44	29.59 29.68	S W	26	16 30	29.32 29.49	N W
11	44 52	29.60 29.65	N	27	20 31	29.53 29.62	N W
12	37 43	29.32 29.50	N	28	22 30	29.26 29.30	N W
13	37 40	28.96 29.14	N	29	17 29	29.56 29.65	N
14	30 31	29.00 29.06	S W	30	20 40	29.54 29.56	S W
15	31 35	29.32 29.38	N W	31	28 44	28.90 29.35	N
16	23 30	29.70 29.80	N W				

This month has been remarkably mild and pleasant. The thaw from the 7th to the 13th carried off the snow. The weather since has been moderate, and the ground mostly bare of snow. Range of barometer has been from 28.49 to 30.12; thermometer, from 3 below zero to 52 above. On 13 days it rose to 40 or more above. Rain fallen, 5.65 inches.

On the Erectility of the Iris. By Professor GROMELLI, of Modena.—Fontana's argument against the erectility of the iris, viz., that the finest and most penetrating injections, thrown into the arteries, even immediately after the death of an animal, never produce any extension of the iris, like what happens to the corpora cavernosa, we find controverted in a recent Italian journal. The substance which Professor Gromelli has found to succeed best for minute injections of the iris, are olive or walnut oil, colored in various ways. He states that these injections penetrate into the most delicate ramifications, without becoming extravasated, and preserve for a long time the parts impregnated with them. In injecting the dead bodies of infants, Professor G. observed that the iris, previously relaxed, swelled up, and that the pupil, previously much dilated, contracted to the extent of more than half its diameter, just as it is seen to do when the retina is struck by the light during life. This fact seems to prove, that the iris is composed of blood-vessels. By the aid of the microscope they are seen disposed, between the ciliary and pupillary edges of the membrane, in rays, partly rectilineal, partly serpentine, while a few run in a circular direction. It results from such a disposition of radiating vessels, fixed at the great circumference of the iris and free towards the pupil, that the sanguineous turgescence expands this membrane and contracts the pupil, while the return of the blood allows the membrane to shrink and the pupil to expand. The professor concludes, that the iris is composed of a vascular turgescible, or erectile, tissue.—*Memoriali della Medicina Contemporanea.*

Poisoning by Snails.—A family of peasants living in the commune of Clermont, near Toulouse, fell a sacrifice to poisoning by snails. The physician who attended them communicated the following details to the *Journal de Toulouse*.

From what I collected concerning the circumstance which preceded the disease, and those which accompanied it, and from the symptoms, I had no difficulty in recognizing a case of poisoning like those occasioned by narcotico-acrid vegetables, such as belladonna, hyoscyamus, thorn-apple, &c. No doubt remained in my mind as to the cause of this terrible disease, as soon as I knew that the snails eaten had been collected in the bushes called in French redout, but in the patois of the country roudout (*Coriaria myrtifolia*). Every one knows that the leaves and young shoots are a poison to the domestic animals which browse on them, and that they kill them, after causing giddiness, and a kind of epileptic attack; but a fact which is not known, is, that the flesh of these animals may occasion the greatest danger, and even death itself. Symptoms like those which I have just witnessed are rare; but it is common to see among peasants indisposition caused by snails, which comes from their eating them as soon as gathered. The example of the ancient Romans should be followed, and these animals should not be brought to table until they have been kept six months or a year, feeding them on bran and wild thyme. This is the way also to make them fatter and more savory.—*Gazette Médicale.*

Discovery of Spermatozoa within the Mammiferous Ovum.—We understand that at the meeting of the Royal Society on the 8th instant, a paper by Dr. Martin Barry was read, announcing his discovery of spermatozoa within the mammiferous ovum. The ova were those of the rabbit, taken, twenty-four hours post coitum, from the Fallopian tube.—*London Lancet.*